. و														
1	•	PATENT A	RD	Application or Docket Number										
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER SMALL	
	TOTAL CLAIMS								RAT	E	FEE	1	RATE	FEE
	FOR			NUMBER FILEO		NUMBER EXTRA			BASIC	FEE	375.00	OR	BASIC FEE	750.00
	TOTAL CHARGEABLE CLAIMS			7 minus 20=		•			X\$ 9	)=		OR	X\$18=	
	IND	EPENDENT CL	Alms	in e	nus 3 =	*			X42=			OR	X84=	
	MULTIPLE DEPENDENT CLAIM PRESENT								+140	)-			+280=	
	* If the difference in column 1 is less than zero, enter					r *0* in c	olumn 2		TOT			OR	TOTAL	150
	CLAIMS AS AMENDED BADS					<b>+</b> 11			101	¬L		JOR	_ {	
	CLAIMS AS AMENDED - PAR (Column 1) (Column						(Column 3)		SMA	LLI	ENTITY	OR	OTHER SMALL	
	ENTA		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HIGHEST NUMBER PREVIOUSLY PAID FOR			RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL . FEE
	AMENDMENT	Total	. 6	Minus	** 6	25	-0		X\$ 9	)=		OR	X\$18=	B
	AME	Independent	. 2	Minus	•••	3	-Agr		X42	=		OR	X84=	B
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	+140	$\Box$			+280=	
	22,27									)= TAL		OR	TOTAL	30
	<b>⟨</b> ∑	-16-04							ADDIT.			OR	ADDIT. FEE	197
	(Column 1) (Column 2) (Column CLAIMS HIGHEST													
	ENT B		REMAINING AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	MENDMENT	Total	. 16	Minus	8	0	۰		X\$ 9	9=		OR	X\$18=	0
	AME	Independent	• 3	Minus		}		4	X42	=		OR	X84=	T
	┞	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140	)=		OR	+280=	
										TAL FEE		OR	TOTAL ADDIT. FEE	Ø
	(Column 1) (Column 2) (Column 3)											-	ADOII. FEE	-
	AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST NBER OUSLY FOR	PRESENT EXTRA		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Ş	Total	•	Minus	**		Ė		X\$ 9	)=		OR	X\$18=	
	SEE!	Independent	•	Minus	***				X42				X84=	

FORM PTO-875 (Rev. 12/02)

\*U.S. Government Princing Office: 2000 - 498-278-69151

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

\*\*The "Highest Number Previously Paid For" (Total or Independent) is the Highest number found in the appropriate box in column 1.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Patent and Tradertark Office, U.S. DEPARTMENT OF COMMERCE

OR

OR

+280=

TOTAL ADDIT. FEE

+140=